

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Row 1  Administrative Data	Reporter Name <b>Kip Landwehr</b>		Submission date. <b>3/31/2019</b>	Contact person (if different than reporter)	Internal ID <b>Byrdstown, TN 2.26.2019</b>
	Address <b>Winfield Solutions, LLC          P.O. Box 64281          Shoreview, MN 55164-0281</b>			Address	
	Phone # <b>(972) 462-8656</b>			Phone #	
	Incident Status: New <input checked="" type="checkbox"/> Update If update, include date of original submission.	Location and date of incident. (City, County, State)	Date registrant became aware of incident.	Was incident part of larger study? Y ___ N: <input checked="" type="checkbox"/> U ___	
Row 2  Pesticide(s) Involved	EPA Registration # (Product 1)  <b>1381-192</b>		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)		A.I. (s)		A.I. (s)
	Product 1 name  <b>Cornerstone Plus Herbicide</b>		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? Y ___ N ___ U ___ NA <input checked="" type="checkbox"/>		Exposed to concentrate prior to dilution? Y ___ N ___ U ___ NA		Exposed to concentrate prior to dilution? Y ___ N ___ U ___ NA
	Formulation <b>Not Applicable</b>		Formulation		Formulation
Row 3  Incident Circumstances	Evidence label directions were not followed? Yes ___ No ___ U: <input checked="" type="checkbox"/> Intentional misuse ___		Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)).  <b>Individual use at home</b>		
	Applicator certified PCO? Yes ___ No ___ U ___		Situation (act of using product): (examples include mixing/loading, entry, application, transportation, repair/ maintenance of application equipment, manufacturing/formulating).		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <b>Unknown</b>		Brief description of incident circumstances.  <b>Individual has lymphoma and wants to know if his use of Cornerstone Plus Herbicide the last 3 to 4 years is the cause.</b>		

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 2 of 7

<b>Demographic information:</b> Age 84 ___ Sex ___ M ___ Occupation (if relevant)	<b>Exposure route:</b> Skin ___ Eye ___ Oral ___ Respiratory ___ Unknown X ___ Other:	<b>Was adverse effect result of suicide/homicide or attempted suicide/homicide?</b>  No	<b>Was protective clothing worn (specify)?</b>  Unknown
<b>If female, pregnant?</b> Yes ___ No ___ Unknown ___	<b>Was exposure occupational?</b> Yes ___ No X ___ Unknown ___ If yes, days lost due to illness:	<b>Time between exposure and onset of symptoms:</b>  Unknown	
<b>Type of medical care sought:</b> (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).	<b>List signs/symptoms/adverse effects</b>  Individual has lymphoma. He is wondering if his use of Cornerstone Plus herbicide over the last 3 to 4 years is the cause.		<b>If lab tests were performed, list test names and results (If available, submit reports)</b>  Unknown
<b>Exposure data:</b> Amount of pesticide:  Exposure duration:  Victim weight: ___ lb ___ kg ___ X ___ unknown			
<b>Human severity category</b> H-B			

